MINUTES
(Subject to approval of the Committee)

MEDICAL EDUCATION INTERIM COMMITTEE

September 15, 2008

Len B. Jordan Building
Clear Waters Room (3rd Floor)
650 West State Street, Boise, Idaho

Chairman Maxine Bell; Co-chair Senator Robert Geddes

Chairman Maxine Bell called the meeting to order at 9:02 a.m.

Mr. Matt Freeman made a correction to the minutes from the previous meeting, regarding funding for future residency positions. The budget for FY10, $122,900, reflects a proposed expanded rural residency program; one resident to be assigned to Magic Valley, one to Boise, as well as the addition of one administrative support position. Corrections were made to the slide and were included in today's packets. Chairman Bell entertained a motion from Senator Cameron to accept the minutes as they stand; the motion was seconded by Senator Bilyeu, and the minutes were approved as printed.

Mr. Rod Jacobson, Administrator; Bear Lake Memorial Hospital

Mr. Jacobson outlined a successful staffing model for small community hospitals experiencing recruitment and retention challenges. Fifteen years ago, after attempting to find a physical therapist for over a year without success, Bear Lake Memorial Hospital came up with the plan to "grow" their own staff, recruiting candidates from within the existing community. They found an agricultural science student, who was also working on his family dairy farm. The hospital challenged him to apply to Idaho State University's then-newly established physical therapy program, and promised to pay his tuition, plus a $500 monthly stipend. He, in turn, agreed to be their physical therapist upon completion of the program, for not less than two years. He has now been a physical therapist for Bear Lake Hospital for the past thirteen years. With that success, they decided to recruit an ultrasound technician from within the community. They found a used-car salesman, also raised in Montpelier, who actually held a master's degree in physiology and had worked for many years as a horse breeder. Bear Lake Memorial hired him as an x-ray technician, offered to pay him a salary and train him as an ultrasound technician, and enrolled him in an outreach training program through Idaho State University. He has been an ultrasound technician and manager of their diagnostic imaging department for more than ten years.

Next, the hospital recruited a laboratory technician with a degree in Ecology, working for the Forest Service as a range technician. He was sent to I.S.U. and worked as an assistant in the lab, while enrolled in the training program. He has been laboratory technician and manager of the outpatient lab, for the past twelve years. The diagnostic imaging department grew, and the hospital recruited an insurance salesman, sent him to school, and employed him part-time. He has been employed as an x-ray, ultrasound and CT scan technician for the past ten years.

Their "grow-your-own" philosophy is best exemplified in the nursing program. They offer a nurse's aide program at the hospital and reserve ten spots for high school students. The

hospital also offers a "Medical Careers" class to select seniors, to introduce them to a variety of medical career opportunities. The class is ten weeks long and includes clinical rotation for hands-on experience through ten ancillary medical fields. Many students are positively impressed and pursue healthcare careers, some returning to Bear Lake.
The longest running and most successful grow-your-own program is the L.P.N. (Licensed Practical Nurse) program.
Each year for the past twenty years, the hospital has sponsored four students in I.S.U.'s outreach program, covering 75% of the tuition. The candidates are hand-picked from the nurse's aide program, and the selection criteria include firm roots in the community, and a strong likelihood that they will stay in the community through retirement. The students enrolled in the outreach program receive over 90% of their training at Bear Lake Memorial with an instructor supplied by the hospital, gaining hand's-on experience caring for that community's patients. Twelve, of the current nineteen L.P.N.'s, graduated from the I.S.U. outreach program. Several have gone on to become Registered Nurses, out of the total fifty who have gone through this partnership program. Most remarkable is the creation of a two-year R.N. program at the Idaho Vocational Technical Education College at I.S.U. This one-of-a-kind outreach associate's degree effectively ended the Bear Lake community's nursing shortage. The hospital selects from their existing staff of L.P.N.'s, covers tuition, and to-date has graduated eleven R.N.'s, nine of which are currently working for them. The hospital has also grown its own social workers, nurse anesthetists and respiratory therapists.

Recently, they went one step further, signing a contract with Dr. Peter Crane, Bear Lake High School's Valedictorian eleven years earlier; a student who came through the High School's Medical Careers class and knew then, that he would become a doctor. He is currently completing his family practice residency in Indiana. Bear Lake Memorial Hospital has agreed to pay his entire five-year training expenses, with three years remaining in his training, as well as a living stipend; and Dr. Crane has agreed to establish his practice in Montpelier.

In conclusion, Mr. Jacobson stated that the advantages of a grow-your-own program include long term employees whom you hand-select, that know your patients as friends, neighbors and relatives, and, they have immediate credibility. The downside: it takes time, planning and money. However, Mr. Jacobson is convinced that it is still cheaper than paying recruiters, contracting locum tenens staff and having high turnover. The real strength of their grow-your-own program is that staff are not just Idahoans, they are "Bear Lakers" and are therefore tied to the community.

The three steps to a successful grow-your-own program are:
Select a worthy candidate;
Select an education program;
Help finance their education, so they will return and work in the home community.

A program and seat must be available. I.S.U. has been a key partner, not only because they offer the courses needed, but because they have given preferential treatment to Bear Lake students, assuring their placement in a program. Mr. Jacobson then stated that it was his understanding that this committee was tasked with determining if Idaho needed a medical school and if so, what it would look like. He stated that Dr. Peter Crane was a gift; he could go anywhere. On his own, he got accepted to medical school; but not all students have his drive and Idaho students have to go elsewhere for their medical training, and compete with the whole world.

In the next ten years medical seats will be more and more in demand; when that demand reaches critical levels, states may not allow out-of-state students to fill their seats. California has already banned out-of-state students from their medical schools. If the decision were made today to go ahead with a state medical school, it would be ten years before the first class graduated.

Dr. Patmas, CEO; St Alphonsus Medical Group

Dr. Patmas spoke to the physician shortage as it impacts his hospital. He stated that they were not able to meet the existing need in this region. St. Alphonsus' supports a psychiatric residency, as well as dental and nursing programs. Dr. Patmas trained at The University of Nevada Medical School, and graduated with the second class coming out of the program. He knows first-hand the experience of a new medical school and emphasized the importance for sustained funding, recommending consultation with the University of Nevada for start-up planning.

Dr. Dahlberg, CEO; St. Luke's Regional Medical Center

Dr. Dahlberg addressed urban issues, noting the discussion had been largely focused on rural medical access. He explained that trying to quantify the supply and demand numbers is "squishy"; but that patient wait times exceed three months, and there are significant shortages in access to care in the areas of Internal Medicine and General Medicine for Boise. He believes that economics and reimbursement are factors, and also spoke to the longstanding national issue of trying to track students into the Internal Medicine specialty. More than ever, lifestyle plays a role in specialties chosen by new graduates. The expectation overall has shifted to striking more balance, and this is especially evident with the increasing number of female graduates. St. Luke's and the Boise V.A. Hospital, jointly support a psychiatric residency, with an eye to retention. Currently, they estimate that patient demand requires an additional forty psychiatric physicians.

Chairman Bell thanked the speakers and opened the floor to questions.

Mr. Bruce Newcomb asked about possible expansion of residency programs and potential financial resources.

Dr. Dahlberg responded that there is federal funding to a point, but with caps in place. They have no immediate business plan to fund expansion of the existing programs.

Mr. Newcomb then inquired if they would look to legislation to lift federal caps on the number of positions allocated, and Dr. Dahlberg responded, not to his knowledge.

Representative Rusche directed a comment to Mr. Jacobson, stating that the "grow-your-own" concept is a great approach, but are the issues typical of such a small community, to which Mr. Jacobson responded, yes, they are typical, and added that their patient draw area is approximately 10,000.

Chairman Bell welcomed Governor Butch Otter.

The Governor stated that we are not in very good shape and he is not convinced that the solution is a medical school, although it is a distinct possibility in the future. He expressed disappointment with the WWAMI program, stating that he was, "terribly disappointed in WWAMI; WWAMI is simply not doing the job. (Perhaps) because we've got the same amount of seats we did when I was in the Legislature, although we've expanded a little bit with Utah, but by and

large, the old WWAMI standard is not getting the job done." The Governor pointed to low student retention and a high number of specialists coming out of the WWAMI program, stating, "we're not spending our money in the right places; we're not getting the bounce for the bucks that we do spend and before I spend any more money I want to see changes". He suggested loan forgiveness as an option for WWAMI seat graduates who establish family medicine practices in Idaho. He noted that Idaho ranks very low in available medical doctors per population; 49 out of 50 for access to a medical doctor. He further noted that the state has an aging physician population nearing retirement, an aging overall population and an overloaded system with no quick fixes.

The Chair asked the Governor to stand for questions.

Representative Rusche stated that one thing we hear repeatedly from students going into general practice is in regard to (inadequate) compensation, and inquired what might be done to mitigate that.

The Governor responded that there were short term fixes, but the M.D. population is still getting older and that we, "need to start bringing in young folks, and the only way to do that is a decisive expansion of the WWAMI program, or a whole lot more residents" further stating that fifty-four percent who complete a residency here will stay.

Senator Davis then asked if there were any question of the quality and supply of capable Idaho student applicants. Another question addressed whether there was an issue with proper assessment for placement, or if seats were just not there. Further, a question was asked regarding whether we should focus on access to medical education, or deal with the immediate medical shortage, and the Governor stated that one begets the other.

The Governor stated that Idaho wants to retain our best and brightest, stating, "certainly being able to tap into those who really want to go to medical school and have the ability to go to medical school and (then provide our medical care) is a goal we should have.
But we're not going to get there doing what we are doing now. It may be a multiple of all things I talked about. It may an expansion of WWAMI, or, a limitation on the WWAMI program to direct those people into areas of need." He stated we need to focus more on access, either through WWAMI, or the beginning of expanded medical education right here in Idaho. We need to provide more available seats in the classroom and more opportunity for students to explore where they want to focus (academically); if they really want to go into the medical field. He stated, "I think you cannot … continue to focus on one fix. We're not ready to get rid of the WWAMI program and go with some kind of single higher education medical program in the State of Idaho, but I think beginning one, and more aggressively managing the other, is the thing to do."

He pointed out that other states will not open up capped seats; that states with medical schools do not want to give up their seats, if in-state students are available. He believes our students need more opportunities to be exposed to the medical field to spur interest, and we must broaden the threshold. He stated that "the demographics are a wreck coming at us". He went on to discuss his interest in the development of wellness programs that emphasize early education training in healthy lifestyle choices.

Co-chair Geddes commented on the Utah and South Dakota programs, stating that when he asked them what would happen without their in-state medical schools, they responded, 'crisis'.

Co-chair Geddes then went on to ask if the "grow-your-own" model would meet our needs exclusively, and the governor responded, "yes".

The Governor reported that some states have had to deal with other market forces, such as medical malpractice and tort reform. Idaho must determine the percentage of "homegrown" students, and a formula to attract out-of-state applicants.

Co-chair Geddes stated that South Dakota limits enrollment to residents only, and asked why Utah gives up seats to Idaho; he suspected the answer is, "money". Given that, the Co-chair asked how much more money we want to continue to invest in these out-of-state programs.

The Governor responded that, we are so far behind that it will take a multi-faceted response to recover. We must look at new technologies involving medical record access and telemedicine to rural areas. We must still place the general practitioner in the field. We need a ten-year plan to increase those numbers and decrease the relative physician age. Over the next twelve years, Idaho anticipates a population increase of 600,000 and a large percentage of retirees. He concluded by commending the Committee for bringing all groups together and creating a single focus. He added that whether the solution is through access to education or to the doctor's office, a single focus will help the legislature, the private sector, those in education, and his own administration.

Dr. Daley-Laursen, Interim President, University of Idaho, said he appreciated the discussion about the current quality of programs and the direction to pursue. He spoke to the number of slots provided; retention; specialties vis-à-vis general practice, and meeting the demand. He went on to say that those are all aspects of the current program that they can continue to adjust with an eye to the future. He stated that the University's capacity to expand is key.

The Governor thanked the interim president for his comments, but added that he would like to see a program change from outright scholarship, to a conditional loan.

Senator Bilyeu directed a question to the Governor regarding his position on wellness education for young children, commenting that our school lunch program is not nutritious, and inquired what might be done to change it.

The Governor responded that the school lunch program was Federal, through the U.S.D.A., and so we have little control over the quality. The Governor concluded his presentation by asking the Committee to consider that new corporations looking at Idaho will want to know what medical support is available to staff when considering contracts.

Chairman Bell thanked Governor Otter, and returned to the presentation in progress prior to the arrival of the Governor.

Mr. Milford Terrell, President, State Board of Education, asked Mr. Jacobson where the funding comes from for the high school program they support.

Mr. Jacobson responded that the total cost including the high school program is $80,000 annually, and is built into their hospital budget. The hospital is convinced that it is cheaper, and better for existing staff, than bringing in even one contract employee.

Mr. Terrell then asked what his community recruiting "secret" is, and Mr. Jacobson responded that it included community discussion and (tribal) knowledge.

Mr. Terrill asked if loan agreements would help other small communities, and Mr. Jacobson responded, yes, as outlined in his own program.

Co-chair Geddes directed questions to Dr. Patmas, wondering if we were to require practice payback after WWAMI residency, if that would limit residencies available to those individuals, or restrict acceptance to the same.

In response, Dr. Patmas advised that we should not make conditions too restrictive. Dr. Dahlberg explained that medical school placement is a very competitive process; student-to-program nationally.

Dr. Vailas, President, I.S.U., directed a question to Dr. Patmas. He asked Dr. Patmas if he also saw patients during his years as an academic with the University of Nevada. Dr. Patmas responded that, yes, clinical faculty see a high number of patients- hands-on care is essential to teaching medicine. Dr. Vailas then asked who paid research M.D.'s, and Dr. Patmas explained that they are typically self-funding through grants.

Chairman Bell recessed the committee for a short break at 10:45 a.m.. The meeting reconvened at 10:55 a.m.

Joyce McRoberts, Special Assistant; Governor's Select Committee on Health Care

Ms. McRoberts presented a summary of presentations made to the select Committee by The University of Utah and the South Dakota School of Medicine.

The contract to place Idaho applicants in Utah seats began in 1978. A contract is being finalized for the next four years for the current eight students, and Idaho M.D.'s will be placed on the committee that oversees this process.

Idaho ranks 49 out of 50 nationally in access to medical care. Utah's program can only add more Idaho students with further legislation. There is no premium paid for their seats and Idaho is not charged full cost for them. Utah may actually lose money as a result of this contract, but is pleased with the quality of Idaho applicants Utah Medical School receives a separate appropriation.

Ms. Thilo discussed the South Dakota program. It is a one hundred year-old distributive model. There is no hospital associated with the medical school; courses are housed on multiple campuses. They report an 80% retention rate for students who complete in-state residency. Of those, 50% are physicians with academic responsibility. She emphasized the importance of securing adequate funding into the third and fourth year. Doctors who are also educators need protected time to pursue research. The selection criteria are standard for family practice applicants. Each new practice established creates approximately eight new jobs. South Dakota receives 160 applications for their four seats.

Chairman Bell asked Ms. McRoberts to make a written summary from the task force meeting available to the Committee.

Dr. Barzansky, LCME Secretary and Director, Undergraduate Medicine

Dr. Barzansky clarified that the LCME does not address workforce, only accreditation standards ensuring that students experience the best quality education, therefore providing the best quality care to their communities. Formed in 1942, it provides accreditation to all programs that qualify in the U.S. and Canada. Between the years of 1983 and 2003, only one new school became accredited. From 2003 to 2008, four new schools were accepted, with six outstanding applications for accreditation. Graduates require accreditation for residency application, and to sit for the licensing exam.

Dr. Vailas commented that medical schools often house and run other programs, and Dr. Barzansky clarified that the accreditation only applies to training programs for M.D. students.

Representative Rusche asked what the typical timeframe is from application to accreditation, and Dr. Barzansky cited a Canadian program that took three years, while stating it could conceivably happen within one year, depending on the business plan.

Dr. Barzansky recommended tying the business plan to the mission statement. She identified two key components- mission and resources; and within resources, key elements include facilities, faculty, clinical sites, and funding. The program planners must determine what science units to include, the range of disciplines, the experience and background of the clinical faculty, and any contractual relationships of possible part-time or shared faculty.

Ms. Pouliot, CEO, Idaho Medical Association, inquired if all medical schools outside the United States are accredited, and the answer is no, they are not.

Dr. Vailas asked Dr. Barzansky if the LCME provides guidance.

She responded that the body does not tell you what to do, rather, will listen to what you do and then raise pointed questions. They meet with a start-up school multiple times throughout the process.

Ms. Thilo inquired how many distributive model programs there are in the U.S.

Dr. Barzansky responded that there are all sorts of different distributive models, and that approximately one-third of the medical schools are distributive, for a total of about forty-five campuses. There is no clear trend to distributive versus traditional central campus medical schools.

Dr. Barzansky further outlined the start-up plan for establishing a new medical school, in detail: the mission, curriculum, etc. Most start with an enrollment of about forty to fifty students. Initially the school will need enough faculty on staff to plan, but minimal staff prior to the arrival of the student body. The financial plan must guarantee that it will remain solvent, and she recommended benchmarking with in-kind programs. The plan should include an initial state appropriation; tuition; a fall-back plan; and endowments, such as “naming gifts”.

Dr. Mark Rudin, Vice President of Research at B.S.U., inquired why LCME recommendations included operations numbers, but not facility costs.

Dr. Barzansky explained that building costs vary regionally, and some programs will use existing sites, or a combination of existing and new facilities.

Mr. Terrell asked what benchmark the provided example of $15 million represents.

Dr. Barzansky responded it was using a model of fifty students, beyond direct medical faculty, and also some infrastructure dollars, like I.T. support.

Mr. Terrell asked if there had been any pairing up of public and private enterprise.

Dr. Barzansky gave the example of a medical school in Pennsylvania, bringing together Blue Cross, three area hospitals and state funding. She gave another example of a public medical school in partnership with a private hospital. She stressed the importance of clearly defining governance in a joint operating agreement of this kind.

Representative Rusche asked what process was applied to accreditation of an expanding program, such as adding branch campuses, or moving from a two-year program to a four-year program.

Dr. Barzansky replied that there was less paperwork, but the same criteria applied.

Mr. Newcomb asked about sustainability and shortfalls, using the example of a start-up budget of $25 million, with $15 million in ongoing funding.

Dr. Barzansky made the distinction between new and in-place programs. Programs in place find additional funding sources, such as endowments. The LCME will approach a program with serious shortfalls that are not being addressed.

Mr. Newcomb commented that when a medical school is linked to a university, the university will approach the Legislature on behalf of the Medical School. Typically in a funding crisis, they may pursue a tuition hike.

Dr. Daley-Laursen asked what to look for in a branch campus affiliation, and Dr. Barzansky said to look for resources already in place, such as the Dean, governance, quality, and collaboration with the school.

Ms. Thilo, Secretary, State Board of Education, asked, based on the model of an established school with approximately 15% of the budget from state funding, how long to that point?

Dr. Barzansky stated that there is not enough history to draw from and answer accurately, but it generally depends on the mission; dollars of infrastructure; research grants; clinical scope, etc.

Chairman Bell thanked Dr. Barzansky and recessed the meeting for lunch at 12:20 p.m.
The Chair called the meeting to order at 1:42 p.m. and welcomed the next speaker.

Dr. David Schmitz, Associate Director, Rural Family Medicine; FMRI

Dr. Schmitz introduced a workforce research study to identify factors influencing recruitment and retention of family medicine physicians in rural Idaho.
He stated that rural areas are disproportionately underserved, and, critically served. Family Practice physicians typically provide the first point of care, or "quarterback" care referrals. His study is designed to identify recruitment and retention factors such as demographics, workload, practice scope, IT support and staff satisfaction. They surveyed communities with a population

below 50,000, and surveyed both M.D.'s and hospital administrators, for data balance. He reviewed detailed demographics about practice conditions. The survey showed 100% support for continuing medical education opportunities. Ninety-two percent of respondents reported being very satisfied with their practice conditions and compensation. They will study the characteristics of those ninety-two, for future recruiting efforts. The demographics reflect family physician's who are younger; female; with loan repayment, and that are handling an increased scope of care.

Representative Rusche asked if there is more satisfaction reported for those under the same administrative umbrella.

Dr. Schmitz said there is more integration of M.D.'s and hospitals, than ever before. Competing with hospitalists has not been a recruiting issue for family physicians, but more data is needed. Representative Rusche further inquired about the use of mid-levels and their supervision. Dr. Schmitz responded that they employ team patient management, with Physician Assistants in a supervisory role.

Ms. Thilo wondered if they surveyed for other social considerations such as spousal employment, housing and schools, and the response was, yes; spousal satisfaction was the number one retention factor.

Chairman Bell inquired if organized community recruitment efforts were prevalent, and was told that they are very prevalent.

Dr. Schmitz gave the example of his own experience establishing a volunteer clinic in St. Mary's. Chairman Bell thanked Dr. Schmitz.

Dr. Art Vailas, President; Idaho State University

Dr. Vailas outlined the existing Family Medicine Residency Program and development projects underway. He stated that teleconferencing is critical to creating the right balance of didactic and clinical capability. Their program includes M.D.'s, and also Doctors of Osteopathy who come under a different accreditation body than the LCME. The current network of tertiary care centers allows tremendous access for a potential distributive program. The existing program has a large health science library, and a large clinical research unit that generates revenue through clinical trials and pays salaries. Other program components in place or underway include conferences, continuing education, drug utilization review and community health education programs. Anatomy facilities are in place, and more I.S.U. space is available for residency program expansion.

Questions were asked about the fate of programs currently housed in space earmarked for that expansion; space has already been allocated for their relocation as needed. Another question was asked about pharmacy program clerkships and Dr. Vailas explained that the program sends clerkships to the East Coast. When asked what percentage of programs includes clerks, the response was, one hundred percent of programs.

The Chair welcomed the next speaker.

Dr. Steven Daley-Laursen, Interim President; University of Idaho, on WWAMI

Dr. Daley-Laursen presented the existing FTE's including the Physics department; as well as off-campus affiliate numbers. He attempted to extract pure medical education program data from the other health education programs (i.e. allied health).

WWAMI exceeds NIH research dollars compared to fourteen state medical schools.

The Chair opened the floor to questions, but with none forthcoming, introduced the next speaker.

Mr. Bruce Newcomb, Boise State University

Mr. Newcomb stated that Dr. Vailas requested a program inventory. BSU is not convinced that this model is the best approach to establishing a medical school in Idaho. Much re-tooling is needed, according to Mr. Newcomb. The resolution adopted by the IMA and introduced in the interim is not the best solution in the opinion of BSU. They support expansion of WWAMI and Utah seats for immediate relief, and the creation of space in the pipeline for qualified applicants. Sixty-nine applicants have been denied admission from Idaho due to lack of available seats. Sixteen were rural applications. Fifty percent of Idaho students that have gone through WWAMI are now in Idaho practice. Seventy percent of WWAMI students are now in Idaho. Stand-alone medical schools report only a thirty-nine percent retention rate in-state.

Mr. Newcomb recommends debt forgiveness loans, and trying to lift the cap on seats. He would like to see a consortium of the VA and higher education schools under the umbrella of University of Idaho as an approach to medical education. Given the tough economic outlook, our best "bang for the buck" is by increasing WWAMI seats for immediate relief and placements. Chairman Bell thanked Mr. Newcomb.

Dr. Rudin outlined the BSU inventory. He noted the increased growth in the student body and stated that the faculty is already at full productivity. He has one faculty member only capable of assuming the clinical psychology curriculum. Space is also at a premium due to the increased enrollment. They do not have a dedicated video-conferencing network, but do have the capability. Chairman Bell thanked Dr. Rudin and turned the floor over to Dr. Vailas to present the distributive model.

Distributive Model Medical School

The curriculum is the application of science through multiple entities, in different schools and campuses; a variety of resources to tap. He stated that there are no bad medical schools. The LCME does not accredit the school, only the program. Many components are already in place for the state of Idaho to offer a medical degree.

Many health science centers, like Oregon Health & Science University, may include medical, dental, pharmacy, nursing, etc. Typically a program offers two years of didactics followed by two years of clinical rotation. There are anchor locations for didactic training, around tertiary care centers for practice rotations. Planners have to determine how to contract and release existing staff to dedicate to this process. Once a business plan is in place, the program can graduate an MD in three years. Dr. Vailas is confident that Idaho has all of the necessary components in place, need only the plan to bring it together. He recommended using the next committee meeting to plan how it can be done with existing resources; and to look at the upfront expense versus the ongoing costs of buying out-of-state seats. The plan should eventually consider utilizing midlevel practitioners to deliver comprehensive care to rural areas, and also to urban areas with increasing populations.

Chairman Bell thanked him and asked if he knew of any private funding sources. Dr. Vailas said that state funding would have to be used to begin the plan, but that foundation grants will come forward in time.

Co-chair Geddes requested a start-up cost and timing to implement. Dr. Vailas reported that an outside consultant quoted $350,000 just to assess capability. The Co-chair then stated that all three universities have the resources but different outlooks, and needed to come to agreement to move forward.

Chairman Bell asked if there were other questions or comments.

In response, Dr. Vailas asked the body to not forget the cost estimate quoted by Dr. Barzansky of $15 million for fifty to sixty students.

Representative Rusche expressed hesitance to rush into a business plan without further discussion of the mission, and Chairman Bell said that it was not the intention of the Committee to do so.

Co-chair Geddes directed a comment to Mr. Terrell suggesting the need to confirm that all three universities are going in the same direction. Mr. Terrell announced a related meeting on September 23, during which the ISU and WWAMI programs would be presented with discussion regarding private-public partnerships.

Co-chair Geddes asked if the Governor's Office will be going to the University of Nevada to look at their program, and Ms. McRoberts responded that if there is interest, it can be arranged. Co-chair Geddes asked if there were any other gaps to fill, and Ms. Thilo stated that they wanted to look at whether existing programs such as WWAMI might have an opportunity to present to this Committee. Chairman Bell wondered if this meeting did not already cover that adequately, and in response Ms. Thilo stated that they need an opportunity to present directly, and that Mr. Millard supports that interest.

Matt Freeman stated that WWAMI was tentatively scheduled for the November 12th meeting. Representative Rusche supported the recommendation.

Representative Fred Wood emphasized that the committee should make sure it identifies and defines actual problems in Idaho.

Senator Bilyeu wondered if the Committee goals were clear and Co-chair Geddes stated the Committee objective was to comply with legislation: SCR 135.

Ms. McRoberts suggested also inviting the Family Medicine Residency Program to present to the Committee.

A motion to adjourn was made by Senator Cameron, seconded by Representative Rusche, and the meeting was adjourned at 3:40 p.m.